

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	700		6/21/99
O.I.P.E. CLASSIFIER			6/24/99
FORMALITY REVIEW			7/1/99

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	7/13/00
2	✓	✓	7/13/00
3	✓	✓	7/13/00
4	✓	✓	7/13/00
5	✓	✓	7/13/00
6	✓	✓	7/13/00
7	✓	✓	7/13/00
8	✓	✓	7/13/00
9	✓	✓	7/13/00
10	✓	✓	7/13/00
11	✓	✓	7/13/00
12	✓	✓	7/13/00
13	✓	✓	7/13/00
14	✓	✓	7/13/00
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet her

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